

FILE NOW: FILING FEE IS \$61.25

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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90019 025 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **717353**

1. Corporation Name  
**CITA, INC.**

Principal Place of Business  
**2330 JOHNNY ELLISON DR  
 MELBOURNE FL 32901-5553  
 US**

Mailing Address  
**P O BOX 2185  
 MELBOURNE FL 32902-185  
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>233 Johnny Ellison Dr</b>		26 <b>P.O. Box 2185</b>		10/14/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b>NA</b>		27 <b>NA</b>		59-1273570	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>Melbourne, FL</b>		28 <b>Melbourne, FL.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip Country		Zip Country			
24 <b>32901-5553 U.S.</b>		29 <b>32902-2185 U.S.</b>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ELLISON, DANIEL G                  736 BALLARD DR                  MELBOURNE FL 32935</b>				81 Name <b>NA</b>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b>		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **Daniel G. Ellison** DATE **1-6-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUINN, WAYNE</b>	1.2 NAME	
STREET ADDRESS	<b>3675 WHISPERWOOD CR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLISON, HELEN M</b>	2.2 NAME	
STREET ADDRESS	<b>210 E UNIVERSITY BLVD APT 8</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLISON, JEFFREY R</b>	3.2 NAME	<b>DV Ellison, Jeffrey R.</b>
STREET ADDRESS	<b>823 E MELBOURNE AVE APT B</b>	3.3 STREET ADDRESS	<b>163 Atlantic Ave.</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	3.4 CITY-ST-ZIP	<b>Indialantic FL 32903</b>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBB, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>619 W. ESPANOLA WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLISON, DANIEL G.</b>	5.2 NAME	
STREET ADDRESS	<b>736 BALLARD DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLISON, JOHN S</b>	6.2 NAME	
STREET ADDRESS	<b>712 JOHN CARROLL AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST MELBOURNE FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Helen M. Ellison, Daniel G. Ellison** DATE **1-6-99** DAYTIME PHONE # **407 724-2256**

CR2E037 (1/98)